Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

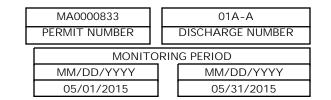
EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.



DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Corrugated Plate Separator Effluent

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.008	.139	MGD	****	****	****	*****		Continuous	METER
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	****	*****		Continuous	METER
рН	SAMPLE MEASUREMENT	****	****	*****	7.6	****	7.6	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	6	6	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 1.51	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	*****	15 DAILY MX	mg/L		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Jason Pociask	TELEPI	HONE	DATE
· '	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)381-2802		)6/04/201
TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.

Γ	MA0000833	Γ	01B-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	) RI	NG PERIOD
	MONTE		NOTERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	05/01/2015	1	05/31/2015

DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Oil Water Separator Effluent

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	NODI C	NODI C		*****	****	****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	METER
рН	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	SU		Once per Discharge	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB

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TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.

 MA0000833
 01C-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 05/01/2015
 05/31/2015

DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Continuous Treatment System Effluent

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.053	.183	MGD	*****	****	****	*****		Continuous	METER
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	METER
рH	SAMPLE MEASUREMENT	****	*****	****	7	****	7	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	1.98	1.98	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	GRAB
Dil & Grease	SAMPLE MEASUREMENT	****	****	****	*****	****	< 1.43	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	5 DAILY MX	mg/L		Monthly	GRAB
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	5.16	ug/L		Monthly	GRAB
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	70 DAILY MX	ug/L		Monthly	GRAB
Toluene	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	< .33	ug/L		Monthly	GRAB
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Benzene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< .36	ug/L		Monthly	GRAB
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	GRAB

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Jason Pociask/ Terminal Superintendent	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,		(417)20	1 2002	14 /04 /2011
	accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)38	1-2802	)6/04/201!
TYPED OR PRINTED	and mater, melecting the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.

Γ	MA0000833		01C-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	05/01/2015	1	05/31/2015

DMR Mailing ZIP CODE: 02149-5526

Major (Subr e)

Continuous Treatment System Effluent

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Acenaphthylene	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	0	ug/L		Monthly	GRAB
34200 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	5 DAILY MX	ug/L		Monthly	GRAB
Acenaphthene	SAMPLE MEASUREMENT	****	****	****	*****	*****	0	ug/L		Monthly	GRAB
34205 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	5 DAILY MX	ug/L		Monthly	GRAB
Anthracene	SAMPLE MEASUREMENT	****	****	*****	*****	*****	0	ug/L		Monthly	GRAB
34220 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	2 DAILY MX	ug/L		Monthly	GRAB
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Monthly	GRAB
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	ug/L		Monthly	GRAB
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Benzo[a]pyrene	SAMPLE MEASUREMENT	****	****	*****	****	****	0	ug/L		Monthly	GRAB
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Chrysene	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	ug/L		Monthly	GRAB
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.5 DAILY MX	ug/L		Monthly	GRAB

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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.

 MA0000833
 01C-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 05/01/2015
 05/31/2015

DMR Mailing ZIP CODE: 02149-5526 MAJOR

(SUBR E)

Continuous Treatment System Effluent

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Ethylbenzene	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	< .37	ug/L		Monthly	GRAB
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Fluoranthene	SAMPLE MEASUREMENT	****	****	****	*****	****	0	ug/L		Monthly	GRAB
34376 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	.5 DAILY MX	ug/L		Monthly	GRAB
Fluorene	SAMPLE MEASUREMENT	****	****	*****	****	*****	0	ug/L		Monthly	GRAB
34381 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	.5 DAILY MX	ug/L		Monthly	GRAB
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	****	****	*****	*****	*****	0	ug/L		Monthly	GRAB
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	.1 DAILY MX	ug/L		Monthly	GRAB
Phenanthrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34461 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	2 DAILY MX	ug/L		Monthly	GRAB
Pyrene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Monthly	GRAB
34469 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	1 DAILY MX	ug/L		Monthly	GRAB
Benzo[ghi]perylene	SAMPLE MEASUREMENT	*****	****	****	*****	****	0	ug/L		Monthly	GRAB
34521 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	*****	.2 DAILY MX	ug/L		Monthly	GRAB

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ADDRESS: 52 BEACHAM ST

EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.

Γ	MA0000833	Γ	01C-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	)RI	NG PERIOD
		7	
	MM/DD/YYYY	1	MM/DD/YYYY
	05/01/2015	1	05/31/2015

DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Continuous Treatment System Effluent

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER	•	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Benzo[a]anthracene	SAMPLE MEASUREMENT	****	****	****	*****	****	0	ug/L		Monthly	GRAB
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	****	*****	****	****	****	0	ug/L		Monthly	GRAB
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	.1 DAILY MX	ug/L		Monthly	GRAB
Naphthalene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Monthly	GRAB
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	5 DAILY MX	ug/L		Monthly	GRAB
p-Xylene	SAMPLE MEASUREMENT	****	****	****	****	****	< .6	ug/L		Monthly	GRAB
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
ВТЕХ	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Monthly	GRAB
49491 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	100 DAILY MX	ug/L		Monthly	GRAB

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TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: 52 BEACHAM ST

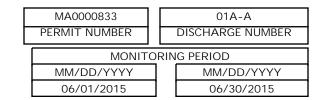
EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.



DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Corrugated Plate Separator Effluent

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.181	1.424	MGD	*****	****	****	*****		Continuous	METER
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	METER
рН	SAMPLE MEASUREMENT	****	****	*****	7.3	****	7.3	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	10.4	10.4	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 1.45	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	15 DAILY MX	mg/L		Monthly	GRAB

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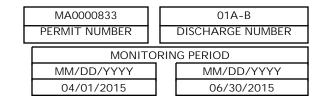
EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.



DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Quarterly Corrugated Plate Separator Efflue

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	*****	****	****	*****	*****	28.3	ug/L		Quarterly	GRAB
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Polynuclear Aromatic Hydrocarbons [PAHs]	SAMPLE MEASUREMENT	****	*****	****	****	****	1.53	ug/L		Quarterly	GRAB
22456 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	50 DAILY MX	ug/L		Quarterly	GRAB
Toluene	SAMPLE MEASUREMENT	****	****	*****	****	****	5.7	ug/L		Quarterly	GRAB
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Benzene	SAMPLE MEASUREMENT	****	*****	****	****	****	9.57	ug/L		Quarterly	GRAB
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	40 DAILY MX	ug/L		Quarterly	GRAB
Acenaphthylene	SAMPLE MEASUREMENT	****	*****	****	****	****	0	ug/L		Quarterly	GRAB
34200 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	10 DAILY MX	ug/L		Quarterly	GRAB
Acenaphthene	SAMPLE MEASUREMENT	****	****	*****	****	****	0	ug/L		Quarterly	GRAB
34205 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	10 DAILY MX	ug/L		Quarterly	GRAB
Anthracene	SAMPLE MEASUREMENT	****	****	****	*****	****	0	ug/L		Quarterly	GRAB
34220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	10 DAILY MX	ug/L		Quarterly	GRAB

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TYPED OR PRINTED	and match, nelecting the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NÄME: ' EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

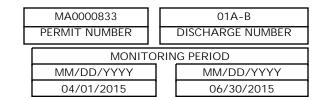
EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.



DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Quarterly Corrugated Plate Separator Efflue

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	ug/L		Quarterly	GRAB
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	10 DAILY MX	ug/L		Quarterly	GRAB
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	****	****	****	*****	*****	0	ug/L		Quarterly	GRAB
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	10 DAILY MX	ug/L		Quarterly	GRAB
Benzo[a]pyrene	SAMPLE MEASUREMENT	****	****	*****	****	****	0	ug/L		Quarterly	GRAB
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Chrysene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Quarterly	GRAB
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Fluoranthene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Quarterly	GRAB
34376 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Fluorene	SAMPLE MEASUREMENT	****	****	*****	*****	****	1.53	ug/L		Quarterly	GRAB
34381 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	ug/L		Quarterly	GRAB
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	10 DAILY MX	ug/L		Quarterly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Jason Pociask	TELEP	HONE	DATE
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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

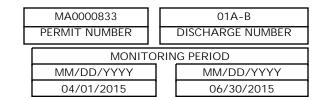
EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.



DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Quarterly Corrugated Plate Separator Efflue

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Phenanthrene	SAMPLE MEASUREMENT	*****	****	*****	*****	****	0	ug/L		Quarterly	GRAB
34461 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	10 DAILY MX	ug/L		Quarterly	GRAB
Pyrene	SAMPLE MEASUREMENT	****	****	****	****	*****	0	ug/L		Quarterly	GRAB
34469 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Benzo[ghi]perylene	SAMPLE MEASUREMENT	****	****	*****	****	****	0	ug/L		Quarterly	GRAB
34521 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Benzo[a]anthracene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Quarterly	GRAB
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Quarterly	GRAB
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Naphthalene	SAMPLE MEASUREMENT	****	****	*****	****	****	0	ug/L		Quarterly	GRAB
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
p-Xylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	66.6	ug/L		Quarterly	GRAB
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MN	ug/L		Quarterly	GRAB

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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.

MA0000833	01A-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	06/30/2015

DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Quarterly Corrugated Plate Separator Efflue

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Ethylbenzene	SAMPLE MEASUREMENT	****	****	*****	****	****	2.23	ug/L		Quarterly	GRAB
37371 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Cyanide, free available	SAMPLE MEASUREMENT	*****	****	****	*****	****	3.73	ug/L		Quarterly	GRAB
51173 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	****	****	*****	****	0	ug/L		Quarterly	GRAB
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Ethanol	SAMPLE MEASUREMENT	****	****	****	****	****	< 960	ug/L		Quarterly	GRAB
77004 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB

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TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.

 MA0000833
 01B-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 06/01/2015
 06/30/2015

DMR Mailing ZIP CODE: 02149-5526 MAJOR

(SUBR E)

Oil Water Separator Effluent

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	NODI C	NODI C		****	****	****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	METER
рН	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	SU		Once per Discharge	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB

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TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: 52 BEACHAM ST

EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.

	MA0000833		01C-A
L	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	DRIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	06/01/2015	1	06/30/2015

DMR Mailing ZIP CODE: 02149-5526

**MAJOR** (SUBR E)

Continuous Treatment System Effluent

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
low rate	SAMPLE MEASUREMENT	.14	.364	MGD	*****	*****	****	*****		Continuous	METER
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Continuous	METER
ΡΗ	SAMPLE MEASUREMENT	****	****	****	7.3	****	7.3	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	GRAB
olids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	< .7	< .7	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	GRAB
Dil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 1.58	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	****	5 DAILY MX	mg/L		Monthly	GRAB
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Monthly	GRAB
2417 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	70 DAILY MX	ug/L		Monthly	GRAB
oluene	SAMPLE MEASUREMENT	****	****	*****	****	****	< .33	ug/L		Monthly	GRAB
4010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
enzene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< .36	ug/L		Monthly	GRAB
	PERMIT	*****	*****	*****	*****	*****	5	ug/L		Monthly	GRAB

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering

the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Jason Pociask/ Terminal Superintender

TYPED OR PRINTED

NUMBER

(617)381-2802

AREA Code

Jason Pociask

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

**AUTHORIZED AGENT** 

)7/13/201

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '` EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.

Γ	MA0000833		01C-A
Г	PERMIT NUMBER		DISCHARGE NUMBER
	MANUE		IO DEDIOD
	MONTE	אוואל	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	06/01/2015	1	06/30/2015

DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Continuous Treatment System Effluent

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Acenaphthylene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Monthly	GRAB
34200 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	5 DAILY MX	ug/L		Monthly	GRAB
Acenaphthene	SAMPLE MEASUREMENT	****	****	****	*****	****	0	ug/L		Monthly	GRAB
34205 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	5 DAILY MX	ug/L		Monthly	GRAB
Anthracene	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	ug/L		Monthly	GRAB
34220 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	****	2 DAILY MX	ug/L		Monthly	GRAB
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Monthly	GRAB
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	.05 DAILY MX	ug/L		Monthly	GRAB
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Monthly	GRAB
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	.05 DAILY MX	ug/L		Monthly	GRAB
Benzo[a]pyrene	SAMPLE MEASUREMENT	****	****	*****	*****	*****	0	ug/L		Monthly	GRAB
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	.05 DAILY MX	ug/L		Monthly	GRAB
Chrysene	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	ug/L		Monthly	GRAB
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	.5 DAILY MX	ug/L		Monthly	GRAB

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Jason Pociask/ Terminal Superintendent	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,		(617)38	1 2002	)7/13/201
	accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)38	1-2802	1// 13/2013
TYPED OR PRINTED	and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.

Γ	MA0000833		01C-A
Г	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	06/01/2015	1	06/30/2015

DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Continuous Treatment System Effluent

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Ethylbenzene	SAMPLE MEASUREMENT	****	*****	*****	****	*****	< .37	ug/L		Monthly	GRAB
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Fluoranthene	SAMPLE MEASUREMENT	****	****	****	*****	****	0	ug/L		Monthly	GRAB
34376 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	.5 DAILY MX	ug/L		Monthly	GRAB
Fluorene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Monthly	GRAB
34381 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	.5 DAILY MX	ug/L		Monthly	GRAB
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	****	****	****	*****	*****	0	ug/L		Monthly	GRAB
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.1 DAILY MX	ug/L		Monthly	GRAB
Phenanthrene	SAMPLE MEASUREMENT	****	****	*****	*****	*****	0	ug/L		Monthly	GRAB
34461 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	2 DAILY MX	ug/L		Monthly	GRAB
Pyrene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Monthly	GRAB
34469 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	1 DAILY MX	ug/L		Monthly	GRAB
Benzo[ghi]perylene	SAMPLE MEASUREMENT	****	****	****	*****	****	0	ug/L		Monthly	GRAB
34521 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	.2 DAILY MX	ug/L		Monthly	GRAB

$\vdash$		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Jason Pociask	TELEP	HONE	DATE
Ji	'	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)38	1-2802	)7/13/201
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NÄME: ' EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.

Γ	MA0000833	Γ	01C-A
	PERMIT NUMBER	Г	DISCHARGE NUMBER
		_	
	MONITO	2RI	NG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	06/01/2015	1	06/30/2015

DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Continuous Treatment System Effluent

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Benzo[a]anthracene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Monthly	GRAB
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	.05 DAILY MX	ug/L		Monthly	GRAB
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	****	*****	*****	****	****	0	ug/L		Monthly	GRAB
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	.1 DAILY MX	ug/L		Monthly	GRAB
Naphthalene	SAMPLE MEASUREMENT	****	****	*****	****	****	0	ug/L		Monthly	GRAB
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	****	5 DAILY MX	ug/L		Monthly	GRAB
p-Xylene	SAMPLE MEASUREMENT	****	****	****	****	****	< .6	ug/L		Monthly	GRAB
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
ВТЕХ	SAMPLE MEASUREMENT	****	****	*****	*****	*****	0	ug/L		Monthly	GRAB
49491 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	100 DAILY MX	ug/L		Monthly	GRAB

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NÄME: \* EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

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FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.

 MA0000833
 01C-Q

 PERMIT NUMBER
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 MM/DD/YYYY

 04/01/2015
 06/30/2015

DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Quarterly Sampling For Continuous Treatm

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	****	*****	****	*****	*****	< .0005	mg/L		Quarterly	GRAB
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Chromium, total [as Cr]	SAMPLE MEASUREMENT	****	*****	*****	****	****	< .003	mg/L		Quarterly	GRAB
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	*****	****	< .005	mg/L		Quarterly	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.0048	mg/L		Quarterly	GRAB
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Nickel, total [as Ni]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	< .003	mg/L		Quarterly	GRAB
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	*****	****	< .03	mg/L		Quarterly	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	*****	*****	****	< .05	mg/L		Quarterly	GRAB
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Jason Pociask Jason Pociask/ Terminal Superintender person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (617)381-2802 )5/11/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: \* EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

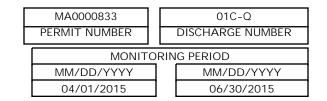
EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.



DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Quarterly Sampling For Continuous Treatm

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Cyanide, free available	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
51173 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	0	mg/L		Quarterly	GRAB
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.

 MA0000833
 01A-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 07/01/2015
 07/31/2015

DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Corrugated Plate Separator Effluent

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.07	.923	MGD	*****	****	****	*****		Continuous	METER
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	METER
pH	SAMPLE MEASUREMENT	****	****	****	7.4	*****	7.4	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	15.1	15.1	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****	****	< 1.62	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB

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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: 52 BEACHAM ST

EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.

Γ	MA0000833		01B-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	07/01/2015	1	07/31/2015

DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Oil Water Separator Effluent

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	****	****	*****		Continuous	METER
рН	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	SU		Once per Discharge	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB

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ADDRESS: 52 BEACHAM ST

EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.

 MA0000833
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 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 07/01/2015
 07/31/2015

DMR Mailing ZIP CODE: 02149-5526 MAJOR

(SUBR E)

Continuous Treatment System Effluent

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.079	.314	MGD	*****	****	****	*****		Continuous	METER
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	METER
pH	SAMPLE MEASUREMENT	*****	****	*****	7.2	*****	7.2	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	1.1	1.1	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****	****	< 1.51	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	5 DAILY MX	mg/L		Monthly	GRAB
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	0	ug/L		Monthly	GRAB
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	70 DAILY MX	ug/L		Monthly	GRAB
Toluene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< .33	ug/L		Monthly	GRAB
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Benzene	SAMPLE MEASUREMENT	*****	****	*****	*****	****	.36	ug/L		Monthly	GRAB
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	GRAB

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.

 MA0000833
 01C-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 07/01/2015
 07/31/2015

DMR Mailing ZIP CODE: 02149-5526 MAJOR

(SUBR E)

Continuous Treatment System Effluent

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Acenaphthylene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Monthly	GRAB
34200 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	5 DAILY MX	ug/L		Monthly	GRAB
Acenaphthene	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	ug/L		Monthly	GRAB
34205 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	5 DAILY MX	ug/L		Monthly	GRAB
Anthracene	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	ug/L		Monthly	GRAB
34220 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	****	2 DAILY MX	ug/L		Monthly	GRAB
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Monthly	GRAB
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	.05 DAILY MX	ug/L		Monthly	GRAB
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Monthly	GRAB
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	.05 DAILY MX	ug/L		Monthly	GRAB
Benzo[a]pyrene	SAMPLE MEASUREMENT	****	****	*****	*****	*****	0	ug/L		Monthly	GRAB
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	.05 DAILY MX	ug/L		Monthly	GRAB
Chrysene	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	ug/L		Monthly	GRAB
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	.5 DAILY MX	ug/L		Monthly	GRAB

١		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Jason Pociask	TELEP	HONE	DATE
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '` EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.

 MA0000833
 01C-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 07/01/2015
 07/31/2015

DMR Mailing ZIP CODE: 02149-5526 MAJOR

(SUBR E)

Continuous Treatment System Effluent

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
thylbenzene	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	< .37	ug/L		Monthly	GRAB
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
luoranthene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Monthly	GRAB
34376 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	.5 DAILY MX	ug/L		Monthly	GRAB
Fluorene	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	ug/L		Monthly	GRAB
34381 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	.5 DAILY MX	ug/L		Monthly	GRAB
ndeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	****	*****	****	*****	*****	0	ug/L		Monthly	GRAB
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	.1 DAILY MX	ug/L		Monthly	GRAB
Phenanthrene	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	ug/L		Monthly	GRAB
34461 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	2 DAILY MX	ug/L		Monthly	GRAB
Pyrene	SAMPLE MEASUREMENT	*****	****	*****	*****	****	0	ug/L		Monthly	GRAB
34469 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	1 DAILY MX	ug/L		Monthly	GRAB
Benzo[ghi]perylene	SAMPLE MEASUREMENT	*****	****	*****	*****	****	0	ug/L		Monthly	GRAB
34521 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	.2 DAILY MX	ug/L		Monthly	GRAB

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NÄME: ' EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

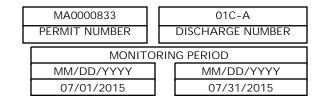
EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.



DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Continuous Treatment System Effluent

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Benzo[a]anthracene	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	ug/L		Monthly	GRAB
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.05 DAILY MX	ug/L		Monthly	GRAB
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	****	*****	*****	*****	****	0	ug/L		Monthly	GRAB
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	.1 DAILY MX	ug/L		Monthly	GRAB
Naphthalene	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	ug/L		Monthly	GRAB
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	GRAB
p-Xylene	SAMPLE MEASUREMENT	****	****	****	****	****	< .6	ug/L		Monthly	GRAB
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
ВТЕХ	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Monthly	GRAB
49491 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	100 DAILY MX	ug/L		Monthly	GRAB

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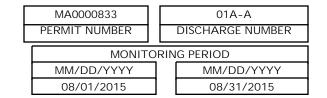
EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.



DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Corrugated Plate Separator Effluent

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.02	.271	MGD	*****	****	****	*****		Continuous	METER
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Continuous	METER
рН	SAMPLE MEASUREMENT	****	****	*****	7.4	****	7.4	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	****	*****	18.6	18.6	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 1.51	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	15 DAILY MX	mg/L		Monthly	GRAB

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.

Γ	MA0000833		01B-A
Г	PERMIT NUMBER		DISCHARGE NUMBER
	MONUTO		IC DEDIOD
	MONTE	JKIIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	08/01/2015	1	08/31/2015

DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Oil Water Separator Effluent

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	NODI C	NODI C		*****	****	****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	METER
рН	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	SU		Once per Discharge	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Jason Pociask	TELEPI	HONE	DATE
'	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)38	1-2802	)9/09/201!
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.

 MA0000833
 01C-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 08/01/2015
 08/31/2015

DMR Mailing ZIP CODE: 02149-5526 MAJOR

(SUBR E)

Continuous Treatment System Effluent

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.045	.182	MGD	*****	****	****	*****		Continuous	METER
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	****	*****		Continuous	METER
pH	SAMPLE MEASUREMENT	*****	****	*****	7.1	*****	7.1	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	4.3	4.3	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****	****	< 1.68	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	5 DAILY MX	mg/L		Monthly	GRAB
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	0	ug/L		Monthly	GRAB
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	70 DAILY MX	ug/L		Monthly	GRAB
Toluene	SAMPLE MEASUREMENT	****	****	****	*****	****	< .33	ug/L		Monthly	GRAB
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Benzene	SAMPLE MEASUREMENT	*****	****	*****	*****	****	< .36	ug/L		Monthly	GRAB
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	GRAB

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1	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)38	1-2802	)9/09/201
TYPED OR PRINTED	and metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NÄME: ' EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

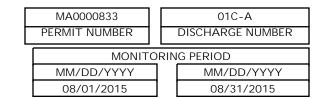
EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.



DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Continuous Treatment System Effluent

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Acenaphthylene	SAMPLE MEASUREMENT	****	****	*****	*****	*****	0	ug/L		Monthly	GRAB
34200 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	GRAB
Acenaphthene	SAMPLE MEASUREMENT	****	****	*****	****	****	0	ug/L		Monthly	GRAB
34205 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	GRAB
Anthracene	SAMPLE MEASUREMENT	****	****	*****	****	****	0	ug/L		Monthly	GRAB
34220 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	2 DAILY MX	ug/L		Monthly	GRAB
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Monthly	GRAB
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.05 DAILY MX	ug/L		Monthly	GRAB
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	ug/L		Monthly	GRAB
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.05 DAILY MX	ug/L		Monthly	GRAB
Benzo[a]pyrene	SAMPLE MEASUREMENT	****	****	****	*****	****	0	ug/L		Monthly	GRAB
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.05 DAILY MX	ug/L		Monthly	GRAB
Chrysene	SAMPLE MEASUREMENT	****	*****	*****	*****	****	0	ug/L		Monthly	GRAB
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	.5 DAILY MX	ug/L		Monthly	GRAB

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Ī	TYPED OR PRINTED	and the total of the pession of the did in prison ment to the time of the time.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.

MA0000833	01C-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Continuous Treatment System Effluent

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Ethylbenzene	SAMPLE MEASUREMENT	****	*****	*****	****	*****	< .37	ug/L		Monthly	GRAB
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Fluoranthene	SAMPLE MEASUREMENT	****	****	****	*****	****	0	ug/L		Monthly	GRAB
34376 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.5 DAILY MX	ug/L		Monthly	GRAB
Fluorene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Monthly	GRAB
34381 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	.5 DAILY MX	ug/L		Monthly	GRAB
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	****	****	*****	*****	*****	0	ug/L		Monthly	GRAB
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	.1 DAILY MX	ug/L		Monthly	GRAB
Phenanthrene	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	0	ug/L		Monthly	GRAB
34461 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	2 DAILY MX	ug/L		Monthly	GRAB
Pyrene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Monthly	GRAB
34469 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	1 DAILY MX	ug/L		Monthly	GRAB
Benzo[ghi]perylene	SAMPLE MEASUREMENT	****	****	****	*****	****	0	ug/L		Monthly	GRAB
34521 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	.2 DAILY MX	ug/L		Monthly	GRAB

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FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.

MA0000833	01C-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Continuous Treatment System Effluent

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Benzo[a]anthracene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Monthly	GRAB
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	.05 DAILY MX	ug/L		Monthly	GRAB
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	.1 DAILY MX	ug/L		Monthly	GRAB
Naphthalene	SAMPLE MEASUREMENT	****	*****	*****	****	****	0	ug/L		Monthly	GRAB
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	5 DAILY MX	ug/L		Monthly	GRAB
p-Xylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< .6	ug/L		Monthly	GRAB
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
BTEX	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	ug/L		Monthly	GRAB
49491 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	100 DAILY MX	ug/L		Monthly	GRAB

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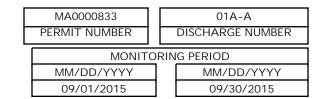
EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.



DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Corrugated Plate Separator Effluent

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.095	2.681	MGD	****	****	****	*****		Continuous	METER
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	****	*****		Continuous	METER
рН	SAMPLE MEASUREMENT	****	****	****	7.3	****	7.3	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	****	*****	11.3	11.3	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	****	****	< 1.49	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	15 DAILY MX	mg/L		Monthly	GRAB

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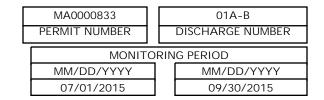
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LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.



DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Quarterly Corrugated Plate Separator Efflue

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	11.4	ug/L		Quarterly	GRAB
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Polynuclear Aromatic Hydrocarbons [PAHs]	SAMPLE MEASUREMENT	****	****	****	****	****	.2188	ug/L		Quarterly	GRAB
22456 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	50 DAILY MX	ug/L		Quarterly	GRAB
Toluene	SAMPLE MEASUREMENT	****	****	*****	****	****	2.81	ug/L		Quarterly	GRAB
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Benzene	SAMPLE MEASUREMENT	****	****	****	****	****	4.54	ug/L		Quarterly	GRAB
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	40 DAILY MX	ug/L		Quarterly	GRAB
Acenaphthylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	ug/L		Quarterly	GRAB
34200 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Acenaphthene	SAMPLE MEASUREMENT	****	****	*****	****	****	0	ug/L		Quarterly	GRAB
34205 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	10 DAILY MX	ug/L		Quarterly	GRAB
Anthracene	SAMPLE MEASUREMENT	****	****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB

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MA0000833		01A-B						
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MONITORING PERIOD								
MM/DD/YYYY	]	MM/DD/YYYY						
07/01/2015	1	09/30/2015						

DMR Mailing ZIP CODE: 02149-5526

Major (Subr e)

Quarterly Corrugated Plate Separator Efflue

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.0881	ug/L		Quarterly	GRAB
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	10 DAILY MX	ug/L		Quarterly	GRAB
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	****	*****	****	****	.072	ug/L		Quarterly	GRAB
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	10 DAILY MX	ug/L		Quarterly	GRAB
Benzo[a]pyrene	SAMPLE MEASUREMENT	****	****	****	*****	****	0	ug/L		Quarterly	GRAB
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	10 DAILY MX	ug/L		Quarterly	GRAB
Chrysene	SAMPLE MEASUREMENT	****	****	****	*****	****	0	ug/L		Quarterly	GRAB
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	10 DAILY MX	ug/L		Quarterly	GRAB
Fluoranthene	SAMPLE MEASUREMENT	****	****	****	*****	****	0	ug/L		Quarterly	GRAB
34376 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	10 DAILY MX	ug/L		Quarterly	GRAB
Fluorene	SAMPLE MEASUREMENT	*****	*****	****	*****	****	0	ug/L		Quarterly	GRAB
34381 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	10 DAILY MX	ug/L		Quarterly	GRAB
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	ug/L		Quarterly	GRAB
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB

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NÄME: \* EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

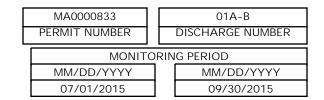
EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.



DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Quarterly Corrugated Plate Separator Efflu $\epsilon$ 

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO. FREQUENCY		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Phenanthrene	SAMPLE MEASUREMENT	****	****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34461 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	10 DAILY MX	ug/L		Quarterly	GRAB
Pyrene	SAMPLE MEASUREMENT	*****	****	****	****	****	0	ug/L		Quarterly	GRAB
34469 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	10 DAILY MX	ug/L		Quarterly	GRAB
Benzo[ghi]perylene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Quarterly	GRAB
34521 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	****	10 DAILY MX	ug/L		Quarterly	GRAB
Benzo[a]anthracene	SAMPLE MEASUREMENT	****	****	****	****	****	.0587	ug/L		Quarterly	GRAB
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	10 DAILY MX	ug/L		Quarterly	GRAB
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Quarterly	GRAB
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	10 DAILY MX	ug/L		Quarterly	GRAB
Naphthalene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Quarterly	GRAB
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	10 DAILY MX	ug/L		Quarterly	GRAB
p-Xylene	SAMPLE MEASUREMENT	****	****	****	*****	****	166	ug/L		Quarterly	GRAB
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	****	Req. Mon. DAILY MN	ug/L		Quarterly	GRAB

certify under penalty of law that this document and all attachments were prepared under my

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

**TELEPHONE** 

DATE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

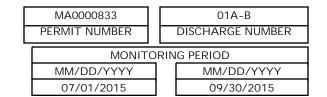
EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.



DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Quarterly Corrugated Plate Separator Efflue

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Ethylbenzene	SAMPLE MEASUREMENT	****	****	****	*****	****	5.08	ug/L		Quarterly	GRAB
37371 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Cyanide, free available	SAMPLE MEASUREMENT	*****	****	****	*****	****	0	ug/L		Quarterly	GRAB
51173 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	****	****	*****	*****	0	ug/L		Quarterly	GRAB
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Ethanol	SAMPLE MEASUREMENT	****	****	****	*****	****	< 960	ug/L		Quarterly	GRAB
77004 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Jason Pociask	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)381-2802		0/08/201
TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.

Γ	MA0000833		01B-A						
	PERMIT NUMBER		DISCHARGE NUMBER						
	MONITORING PERIOD								
	MM/DD/YYYY	]	MM/DD/YYYY						
	09/01/2015	1	09/30/2015						

DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Oil Water Separator Effluent

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	NODI C	NODI C		*****	****	****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	METER
pH	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	SU		Once per Discharge	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB

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TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' **EXXON MOBIL EVERETT TERMINAL** 

ADDRESS: 52 BEACHAM ST

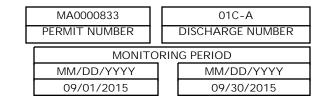
EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.



DMR Mailing ZIP CODE: 02149-5526

**MAJOR** (SUBR E)

Continuous Treatment System Effluent

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.047	.296	MGD	*****	*****	*****	*****		Continuous	METER
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Continuous	METER
pH	SAMPLE MEASUREMENT	****	*****	*****	7.2	****	7.2	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	2.7	2.7	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****	****	< 1.56	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	5 DAILY MX	mg/L		Monthly	GRAB
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	****	****	****	*****	****	0	ug/L		Monthly	GRAB
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	70 DAILY MX	ug/L		Monthly	GRAB
Toluene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< .33	ug/L		Monthly	GRAB
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Benzene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< .36	ug/L		Monthly	GRAB
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	5 DAILY MX	ug/L		Monthly	GRAB
NAME/TITLE PRINCIPAL EXECUTIV	/E OFFICER   certify und	ler penalty of law that this supervision in accordance	document and all attachme	ents were prepared u	nder my	lason Po	nciask		TEL	EPHONE	DATE

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person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Jason Pociask/ Terminal Superintender

TYPED OR PRINTED

NUMBER

(617)381-2802

AREA Code

Jason Pociask

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

**AUTHORIZED AGENT** 

0/08/201

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

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NÄME: ' EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

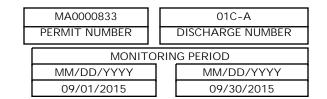
EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.



DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Continuous Treatment System Effluent

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Acenaphthylene	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	0	ug/L		Monthly	GRAB
34200 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	5 DAILY MX	ug/L		Monthly	GRAB
Acenaphthene	SAMPLE MEASUREMENT	****	****	*****	*****	*****	0	ug/L		Monthly	GRAB
34205 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB
Anthracene	SAMPLE MEASUREMENT	****	****	*****	****	****	0	ug/L		Monthly	GRAB
34220 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	2 DAILY MX	ug/L		Monthly	GRAB
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Monthly	GRAB
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Monthly	GRAB
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Benzo[a]pyrene	SAMPLE MEASUREMENT	****	****	*****	****	****	0	ug/L		Monthly	GRAB
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	.05 DAILY MX	ug/L		Monthly	GRAB
Chrysene	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	ug/L		Monthly	GRAB
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.5 DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Jason Pociask Jason Pociask/ Terminal Superintender person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (617)381-2802 0/08/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

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ADDRESS: 52 BEACHAM ST

EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.

MA0000833	01C-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 02149-5526

**MAJOR** (SUBR E)

Continuous Treatment System Effluent

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Ethylbenzene	SAMPLE MEASUREMENT	****	*****	*****	****	*****	0	ug/L		Monthly	GRAB
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Fluoranthene	SAMPLE MEASUREMENT	****	****	****	*****	****	0	ug/L		Monthly	GRAB
34376 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.5 DAILY MX	ug/L		Monthly	GRAB
Fluorene	SAMPLE MEASUREMENT	****	****	****	*****	****	0	ug/L		Monthly	GRAB
34381 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.5 DAILY MX	ug/L		Monthly	GRAB
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	****	*****	****	****	****	0	ug/L		Monthly	GRAB
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.1 DAILY MX	ug/L		Monthly	GRAB
Phenanthrene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Monthly	GRAB
34461 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	2 DAILY MX	ug/L		Monthly	GRAB
Pyrene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Monthly	GRAB
34469 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	1 DAILY MX	ug/L		Monthly	GRAB
Benzo[ghi]perylene	SAMPLE MEASUREMENT	****	*****	****	****	****	0	ug/L		Monthly	GRAB
34521 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.2 DAILY MX	ug/L		Monthly	GRAB

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

**TELEPHONE** 

DATE

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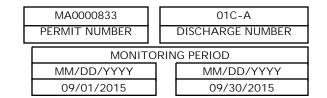
EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.



DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Continuous Treatment System Effluent

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Benzo[a]anthracene	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	ug/L		Monthly	GRAB
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.05 DAILY MX	ug/L		Monthly	GRAB
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	****	*****	*****	*****	****	0	ug/L		Monthly	GRAB
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.1 DAILY MX	ug/L		Monthly	GRAB
Naphthalene	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	ug/L		Monthly	GRAB
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	GRAB
p-Xylene	SAMPLE MEASUREMENT	****	****	****	****	****	< .6	ug/L		Monthly	GRAB
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
ВТЕХ	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Monthly	GRAB
49491 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	100 DAILY MX	ug/L		Monthly	GRAB

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TYPED OR PRINTED	and mation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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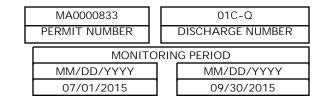
EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.



DMR Mailing ZIP CODE: 02149-5526

Major (Subr e)

Quarterly Sampling For Continuous Treatm

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	****	*****	****	****	****	< .0005	mg/L		Quarterly	GRAB
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Chromium, total [as Cr]	SAMPLE MEASUREMENT	****	****	****	*****	****	< .002	mg/L		Quarterly	GRAB
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****	****	****	< .002	mg/L		Quarterly	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	****	****	****	< .0005	mg/L		Quarterly	GRAB
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Nickel, total [as Ni]	SAMPLE MEASUREMENT	*****	****	****	*****	****	< .002	mg/L		Quarterly	GRAB
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	****	****	****	.019	mg/L		Quarterly	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	*****	*****	****	< .02	mg/L		Quarterly	GRAB
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB

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TYPED OR PRINTED	amorniador, medding the possionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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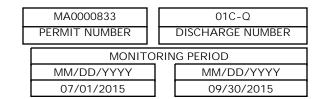
EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.



DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Quarterly Sampling For Continuous Treatm

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Cyanide, free available	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
51173 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	0	mg/L		Quarterly	GRAB
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Jason Pociask	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)381-2802		0/08/201
TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

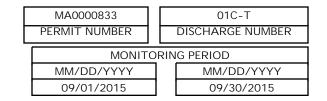
EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.



DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Twice A Year Sampling for Continuous Trea

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total	SAMPLE MEASUREMENT	****	****	*****	*****	*****	1200	mg/L		Twice per Year	GRAB
00500 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice per Year	GRAB
Ammonia nitrogen, total, [as N] 30 day	SAMPLE MEASUREMENT	****	****	****	*****	*****	.27	mg/L		Twice per Year	GRAB
00609 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice per Year	GRAB
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	*****	****	****	*****	*****	1.8	mg/L		Twice per Year	GRAB
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice per Year	GRAB
LC50 Static 48Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	****	****	*****	> 100	*****	****	%		Twice per Year	GRAB
TAA3E 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	50 DAILY MN	*****	*****	%		Twice per Year	GRAB

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Jason Pociask/ Terminal Superintendent	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)38	1-2802	0/08/201
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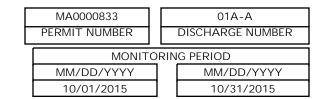
EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.



DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Corrugated Plate Separator Effluent

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.14	1.651	MGD	*****	****	****	*****		Continuous	METER
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	****	*****		Continuous	METER
рН	SAMPLE MEASUREMENT	****	****	****	7.3	****	7.3	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	4.8	4.8	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	****	****	*****	****	< 1.45	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	15 DAILY MX	mg/L		Monthly	GRAB

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ADDRESS: 52 BEACHAM ST

EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.

 MA0000833
 01B-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 10/01/2015
 MM/DD/YYYY

 10/31/2015
 10/31/2015

DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Oil Water Separator Effluent

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	****	****	*****		Continuous	METER
рН	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	SU		Once per Discharge	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB

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ADDRESS: 52 BEACHAM ST

EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.

 MA0000833
 01C-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 10/01/2015
 MM/DD/YYYY

 10/31/2015

DMR Mailing ZIP CODE: 02149-5526 MAJOR

(SUBR E)

Continuous Treatment System Effluent

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.12	.481	MGD	*****	*****	*****	*****		Continuous	METER
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	METER
рН	SAMPLE MEASUREMENT	****	****	*****	7	*****	7	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	3.8	3.8	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****	****	< 1.54	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	5 DAILY MX	mg/L		Monthly	GRAB
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	ug/L		Monthly	GRAB
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	70 DAILY MX	ug/L		Monthly	GRAB
Toluene	SAMPLE MEASUREMENT	****	****	****	*****	****	< .33	ug/L		Monthly	GRAB
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Benzene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< .36	ug/L		Monthly	GRAB
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB

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Γ	TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ADDRESS: 52 BEACHAM ST

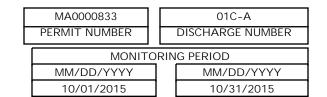
EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.



DMR Mailing ZIP CODE: 02149-5526

Major (Subr e)

Continuous Treatment System Effluent

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Acenaphthylene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Monthly	GRAB
34200 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	5 DAILY MX	ug/L		Monthly	GRAB
Acenaphthene	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	ug/L		Monthly	GRAB
34205 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	5 DAILY MX	ug/L		Monthly	GRAB
Anthracene	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	ug/L		Monthly	GRAB
34220 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	****	2 DAILY MX	ug/L		Monthly	GRAB
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Monthly	GRAB
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	.05 DAILY MX	ug/L		Monthly	GRAB
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Monthly	GRAB
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	.05 DAILY MX	ug/L		Monthly	GRAB
Benzo[a]pyrene	SAMPLE MEASUREMENT	****	****	*****	*****	*****	0	ug/L		Monthly	GRAB
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	.05 DAILY MX	ug/L		Monthly	GRAB
Chrysene	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	ug/L		Monthly	GRAB
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	.5 DAILY MX	ug/L		Monthly	GRAB

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TYPED OR PRINTED	and material including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NÄME: \* EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

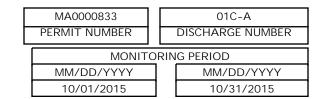
EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.



DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Continuous Treatment System Effluent

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Ethylbenzene	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	< .37	ug/L		Monthly	GRAB
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Fluoranthene	SAMPLE MEASUREMENT	****	****	****	*****	****	0	ug/L		Monthly	GRAB
34376 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	.5 DAILY MX	ug/L		Monthly	GRAB
Fluorene	SAMPLE MEASUREMENT	****	****	*****	****	*****	0	ug/L		Monthly	GRAB
34381 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	.5 DAILY MX	ug/L		Monthly	GRAB
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	****	****	****	*****	*****	0	ug/L		Monthly	GRAB
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	.1 DAILY MX	ug/L		Monthly	GRAB
Phenanthrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34461 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	2 DAILY MX	ug/L		Monthly	GRAB
Pyrene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Monthly	GRAB
34469 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	1 DAILY MX	ug/L		Monthly	GRAB
Benzo[ghi]perylene	SAMPLE MEASUREMENT	*****	****	****	*****	****	0	ug/L		Monthly	GRAB
34521 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	*****	.2 DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Jason Pociask Jason Pociask/ Terminal Superintender person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (617)381-2802 1/05/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

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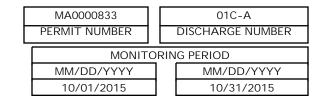
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FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.



DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Continuous Treatment System Effluent

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Benzo[a]anthracene	SAMPLE MEASUREMENT	****	****	****	*****	****	0	ug/L		Monthly	GRAB
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	.05 DAILY MX	ug/L		Monthly	GRAB
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	****	*****	****	*****	****	0	ug/L		Monthly	GRAB
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.1 DAILY MX	ug/L		Monthly	GRAB
Naphthalene	SAMPLE MEASUREMENT	****	****	****	*****	****	0	ug/L		Monthly	GRAB
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	GRAB
p-Xylene	SAMPLE MEASUREMENT	****	****	****	****	****	< .6	ug/L		Monthly	GRAB
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
ВТЕХ	SAMPLE MEASUREMENT	****	****	****	*****	****	0	ug/L		Monthly	GRAB
49491 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	****	100 DAILY MX	ug/L		Monthly	GRAB

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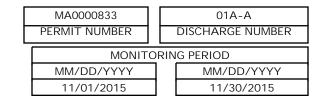
EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.



DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Corrugated Plate Separator Effluent

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.013	.148	MGD	****	****	****	*****		Continuous	METER
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	****	*****		Continuous	METER
рН	SAMPLE MEASUREMENT	****	****	****	7.2	****	7.2	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	****	*****	6.38	6.38	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****	*****	< 1.56	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	15 DAILY MX	mg/L		Monthly	GRAB

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EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.

 MA0000833
 01B-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 11/01/2015
 11/30/2015

DMR Mailing ZIP CODE: 02149-5526 MAJOR

(SUBR E)

Oil Water Separator Effluent

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	NODI C	NODI C		****	****	****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Continuous	METER
рН	SAMPLE MEASUREMENT	****	****	****	*****	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	SU		Once per Discharge	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Jason Pociask	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)381-2802		2/09/201!
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.

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 MM/DD/YYYY

 11/01/2015
 11/30/2015

DMR Mailing ZIP CODE: 02149-5526 MAJOR

(SUBR E)

Continuous Treatment System Effluent

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.056	.304	MGD	*****	****	****	*****		Continuous	METER
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	METER
pH	SAMPLE MEASUREMENT	*****	****	*****	7.2	****	7.2	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	< .7	< .7	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****	****	< 1.6	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	****	5 DAILY MX	mg/L		Monthly	GRAB
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	****	****	****	****	****	56.4	ug/L		Monthly	GRAB
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	70 DAILY MX	ug/L		Monthly	GRAB
Toluene	SAMPLE MEASUREMENT	****	****	****	*****	****	< .33	ug/L		Monthly	GRAB
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Benzene	SAMPLE MEASUREMENT	*****	****	*****	*****	****	< .36	ug/L		Monthly	GRAB
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	5 DAILY MX	ug/L		Monthly	GRAB

⊦		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Jason Pociask	TELEP	HONE	DATE
		person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)38	1-2802	2/09/201
Ī	TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: \* EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.

MA0000833
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY

11/01/2015

01C-A
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY

11/30/2015

DMR Mailing ZIP CODE: 02149-5526 MAJOR

(SUBR E)

Continuous Treatment System Effluent

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Acenaphthylene	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34200 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	5 DAILY MX	ug/L		Monthly	GRAB
Acenaphthene	SAMPLE MEASUREMENT	****	*****	****	*****	****	0	ug/L		Monthly	GRAB
34205 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	5 DAILY MX	ug/L		Monthly	GRAB
Anthracene	SAMPLE MEASUREMENT	****	****	*****	****	****	0	ug/L		Monthly	GRAB
34220 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	2 DAILY MX	ug/L		Monthly	GRAB
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	****	****	****	*****	****	0	ug/L		Monthly	GRAB
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	.05 DAILY MX	ug/L		Monthly	GRAB
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	.05 DAILY MX	ug/L		Monthly	GRAB
Benzo[a]pyrene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Monthly	GRAB
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	.05 DAILY MX	ug/L		Monthly	GRAB
Chrysene	SAMPLE MEASUREMENT	*****	****	****	*****	****	0	ug/L		Monthly	GRAB
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	.5 DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Jason Pociask Jason Pociask/ Terminal Superintender person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (617)381-2802 2/09/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: \* EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

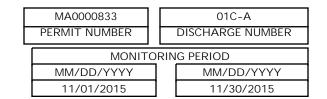
EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.



DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Continuous Treatment System Effluent

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Ethylbenzene	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	< .37	ug/L		Monthly	GRAB
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Fluoranthene	SAMPLE MEASUREMENT	****	****	****	*****	****	0	ug/L		Monthly	GRAB
34376 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	.5 DAILY MX	ug/L		Monthly	GRAB
Fluorene	SAMPLE MEASUREMENT	****	****	*****	****	*****	0	ug/L		Monthly	GRAB
34381 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	.5 DAILY MX	ug/L		Monthly	GRAB
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	****	****	****	*****	*****	0	ug/L		Monthly	GRAB
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	.1 DAILY MX	ug/L		Monthly	GRAB
Phenanthrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34461 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	2 DAILY MX	ug/L		Monthly	GRAB
Pyrene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Monthly	GRAB
34469 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	1 DAILY MX	ug/L		Monthly	GRAB
Benzo[ghi]perylene	SAMPLE MEASUREMENT	*****	****	****	*****	****	0	ug/L		Monthly	GRAB
34521 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	*****	.2 DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Jason Pociask Jason Pociask/ Terminal Superintender person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (617)381-2802 2/09/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

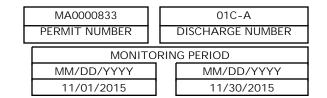
EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.



DMR Mailing ZIP CODE: 02149-5526

Major (Subr e)

Continuous Treatment System Effluent

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Benzo[a]anthracene	SAMPLE MEASUREMENT	****	****	****	*****	****	0	ug/L		Monthly	GRAB
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	.05 DAILY MX	ug/L		Monthly	GRAB
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	****	*****	****	*****	****	0	ug/L		Monthly	GRAB
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.1 DAILY MX	ug/L		Monthly	GRAB
Naphthalene	SAMPLE MEASUREMENT	****	****	****	*****	****	0	ug/L		Monthly	GRAB
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	GRAB
p-Xylene	SAMPLE MEASUREMENT	****	****	****	****	****	< .6	ug/L		Monthly	GRAB
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
ВТЕХ	SAMPLE MEASUREMENT	****	****	****	*****	****	0	ug/L		Monthly	GRAB
49491 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	100 DAILY MX	ug/L		Monthly	GRAB

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<u>'</u>	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)381-2802		2/09/201
TYPED OR PRINTED	anomiation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: 52 BEACHAM ST

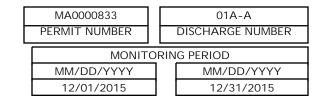
EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.



DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Corrugated Plate Separator Effluent

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.199	1.03	MGD	*****	*****	****	*****		Continuous	METER
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Continuous	METER
рН	SAMPLE MEASUREMENT	****	****	*****	6.9	****	6.9	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.75	5.75	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 1.46	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	15 DAILY MX	mg/L		Monthly	GRAB

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TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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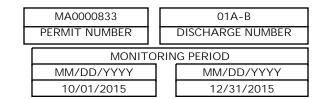
EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.



DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Quarterly Corrugated Plate Separator Efflu $\epsilon$ 

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	*****	*****	*****	****	****	0	ug/L		Quarterly	GRAB
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Polynuclear Aromatic Hydrocarbons [PAHs]	SAMPLE MEASUREMENT	****	*****	****	*****	****	0	ug/L		Quarterly	GRAB
22456 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	50 DAILY MX	ug/L		Quarterly	GRAB
Toluene	SAMPLE MEASUREMENT	****	****	****	****	****	< .33	ug/L		Quarterly	GRAB
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Benzene	SAMPLE MEASUREMENT	****	****	****	****	****	1.53	ug/L		Quarterly	GRAB
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	40 DAILY MX	ug/L		Quarterly	GRAB
Acenaphthylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	ug/L		Quarterly	GRAB
34200 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	10 DAILY MX	ug/L		Quarterly	GRAB
Acenaphthene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Quarterly	GRAB
34205 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	10 DAILY MX	ug/L		Quarterly	GRAB
Anthracene	SAMPLE MEASUREMENT	*****	****	*****	*****	****	0	ug/L		Quarterly	GRAB
34220 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	10 DAILY MX	ug/L		Quarterly	GRAB

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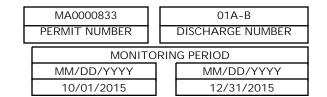
EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.



DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Quarterly Corrugated Plate Separator Efflue

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	****	*****	****	*****	****	0	ug/L		Quarterly	GRAB
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	10 DAILY MX	ug/L		Quarterly	GRAB
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	****	*****	****	*****	****	0	ug/L		Quarterly	GRAB
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Benzo[a]pyrene	SAMPLE MEASUREMENT	****	****	*****	****	****	0	ug/L		Quarterly	GRAB
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Chrysene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Quarterly	GRAB
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Fluoranthene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Quarterly	GRAB
34376 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Fluorene	SAMPLE MEASUREMENT	****	*****	*****	*****	****	0	ug/L		Quarterly	GRAB
34381 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	ug/L		Quarterly	GRAB
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB

١		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Jason Pociask	TELEP	HONE	DATE
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j	TYPED OR PRINTED	anomaton, including the positionty of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.

 MA0000833
 01A-B

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 10/01/2015
 MM/DD/YYYY

 12/31/2015

DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Quarterly Corrugated Plate Separator Efflu $\varepsilon$ 

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Phenanthrene	SAMPLE MEASUREMENT	****	****	*****	****	****	0	ug/L		Quarterly	GRAB
34461 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	10 DAILY MX	ug/L		Quarterly	GRAB
Pyrene	SAMPLE MEASUREMENT	*****	****	*****	*****	****	0	ug/L		Quarterly	GRAB
34469 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	10 DAILY MX	ug/L		Quarterly	GRAB
Benzo[ghi]perylene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Quarterly	GRAB
34521 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	10 DAILY MX	ug/L		Quarterly	GRAB
Benzo[a]anthracene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Quarterly	GRAB
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	10 DAILY MX	ug/L		Quarterly	GRAB
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	0	ug/L		Quarterly	GRAB
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	10 DAILY MX	ug/L		Quarterly	GRAB
Naphthalene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Quarterly	GRAB
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	10 DAILY MX	ug/L		Quarterly	GRAB
p-Xylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< .6	ug/L		Quarterly	GRAB
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. DAILY MN	ug/L		Quarterly	GRAB

⊢		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Jason Pociask	TELEP	HONE	DATE
J	·	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)38	1-2802	1/05/201
Г	TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '` EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.

MA0000833
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY

10/01/2015

12/31/2015

DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Quarterly Corrugated Plate Separator Efflue

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Ethylbenzene	SAMPLE MEASUREMENT	****	****	*****	****	****	< .37	ug/L		Quarterly	GRAB
37371 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Cyanide, free available	SAMPLE MEASUREMENT	*****	****	****	****	****	7.44	ug/L		Quarterly	GRAB
51173 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Quarterly	GRAB
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Ethanol	SAMPLE MEASUREMENT	****	****	*****	****	****	< 960	ug/L		Quarterly	GRAB
77004 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB

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TYPED OR PRINTED	arromation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.

 MA0000833
 01B-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 12/01/2015
 12/31/2015

DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Oil Water Separator Effluent

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	****	****	*****		Continuous	METER
рН	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	SU		Once per Discharge	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Jason Pociask	TELEP	HONE	DATE
Jason Pociask/ Terminal Superintendent	n Pociask/ Terminal Superintendent person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)381-2802		)1/11/2016
TYPED OR PRINTED	amorniador, medding the possionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '` EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

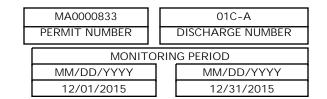
EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.



DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Continuous Treatment System Effluent

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.11	.416	MGD	*****	*****	****	*****		Continuous	METER
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	METER
pH	SAMPLE MEASUREMENT	****	*****	*****	6.9	****	6.9	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	< .7	< .7	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 1.51	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	****	5 DAILY MX	mg/L		Monthly	GRAB
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	****	****	*****	*****	****	17.3	ug/L		Monthly	GRAB
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	70 DAILY MX	ug/L		Monthly	GRAB
Toluene	SAMPLE MEASUREMENT	****	****	*****	*****	****	1.63	ug/L		Monthly	GRAB
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Benzene	SAMPLE MEASUREMENT	****	****	*****	*****	*****	1.99	ug/L		Monthly	GRAB
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	5 DAILY MX	ug/L		Monthly	GRAB

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J	•	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)38	1-2802	)1/11/2016
Ī	TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.

 MA0000833
 01C-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 12/01/2015
 12/31/2015

DMR Mailing ZIP CODE: 02149-5526 MAJOR

(SUBR E)

Continuous Treatment System Effluent

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Acenaphthylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	ug/L		Monthly	GRAB
34200 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	GRAB
Acenaphthene	SAMPLE MEASUREMENT	****	****	*****	****	****	0	ug/L		Monthly	GRAB
34205 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	GRAB
Anthracene	SAMPLE MEASUREMENT	****	****	*****	****	****	0	ug/L		Monthly	GRAB
34220 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	2 DAILY MX	ug/L		Monthly	GRAB
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Monthly	GRAB
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.05 DAILY MX	ug/L		Monthly	GRAB
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	ug/L		Monthly	GRAB
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.05 DAILY MX	ug/L		Monthly	GRAB
Benzo[a]pyrene	SAMPLE MEASUREMENT	****	****	****	*****	****	0	ug/L		Monthly	GRAB
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.05 DAILY MX	ug/L		Monthly	GRAB
Chrysene	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	ug/L		Monthly	GRAB
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	.5 DAILY MX	ug/L		Monthly	GRAB

$\vdash$		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Jason Pociask	TELEP	HONE	DATE
Já	·	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)38	1-2802	)1/11/2016
Г	TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

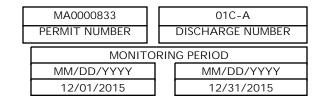
EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.



DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Continuous Treatment System Effluent

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Ethylbenzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Fluoranthene	SAMPLE MEASUREMENT	****	*****	****	****	*****	0	ug/L		Monthly	GRAB
34376 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.5 DAILY MX	ug/L		Monthly	GRAB
Fluorene	SAMPLE MEASUREMENT	****	****	*****	****	****	0	ug/L		Monthly	GRAB
34381 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.5 DAILY MX	ug/L		Monthly	GRAB
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Monthly	GRAB
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	.1 DAILY MX	ug/L		Monthly	GRAB
Phenanthrene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Monthly	GRAB
34461 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	2 DAILY MX	ug/L		Monthly	GRAB
Pyrene	SAMPLE MEASUREMENT	****	****	*****	****	****	0	ug/L		Monthly	GRAB
34469 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	****	1 DAILY MX	ug/L		Monthly	GRAB
Benzo[ghi]perylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	ug/L		Monthly	GRAB
34521 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 DAILY MX	ug/L		Monthly	GRAB

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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NÄME: ' EXXON MOBIL EVERETT TERMINAL

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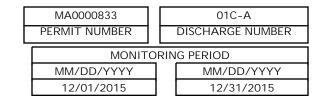
EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.



DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Continuous Treatment System Effluent

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER	•	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Benzo[a]anthracene	SAMPLE MEASUREMENT	****	****	****	****	*****	0	ug/L		Monthly	GRAB
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.05 DAILY MX	ug/L		Monthly	GRAB
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	****	*****	****	****	****	0	ug/L		Monthly	GRAB
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.1 DAILY MX	ug/L		Monthly	GRAB
Naphthalene	SAMPLE MEASUREMENT	*****	****	****	****	****	0	ug/L		Monthly	GRAB
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	5 DAILY MX	ug/L		Monthly	GRAB
p-Xylene	SAMPLE MEASUREMENT	****	****	****	****	****	1.2	ug/L		Monthly	GRAB
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
BTEX	SAMPLE MEASUREMENT	****	****	*****	*****	*****	4.82	ug/L		Monthly	GRAB
49491 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 DAILY MX	ug/L		Monthly	GRAB

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TYPED OR PRINTED	amornation, meading the possionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.

MA0000833	01C-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	12/31/2015

DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Quarterly Sampling For Continuous Treatm

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	****	****	*****	****	*****	< .0005	mg/L		Quarterly	GRAB
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Chromium, total [as Cr]	SAMPLE MEASUREMENT	****	****	****	*****	****	< .003	mg/L		Quarterly	GRAB
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****	*****	****	< .005	mg/L		Quarterly	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	****	*****	****	.0039	mg/L		Quarterly	GRAB
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	****	*****	****	< .003	mg/L		Quarterly	GRAB
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	*****	****	< .003	mg/L		Quarterly	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	*****	****	****	< .05	mg/L		Quarterly	GRAB
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering

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accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Jason Pociask/ Terminal Superintender

TYPED OR PRINTED

NUMBER

**TELEPHONE** 

(617)381-2802

AREA Code

Jason Pociask

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

**AUTHORIZED AGENT** 

DATE

1/05/201

MM/DD/YYYY

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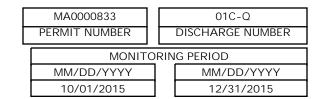
EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.



DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Quarterly Sampling For Continuous Treatm

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Cyanide, free available	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
51173 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	****	****	****	*****	****	0	mg/L		Quarterly	GRAB
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I IASON POCIASK	TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)38	1-2802	1/05/201
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

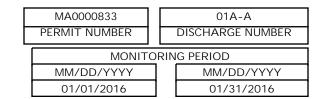
EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.



DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Corrugated Plate Separator Effluent

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.144	1.236	MGD	****	****	****	*****		Continuous	METER
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	****	*****		Continuous	METER
рН	SAMPLE MEASUREMENT	*****	****	*****	6.7	****	6.7	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	****	*****	19.93	33	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 1.56	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	15 DAILY MX	mg/L		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lason Pociask	TELEPI	HONE	DATE
'	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete, I am aware that there are significant penalties for submitting false	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)38	1-2802	)2/03/2010
TYPED OR PRINTED	information, including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '` EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.

Γ	MA0000833		01B-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	DRIN	IG PERIOD
	MM/DD/YYYY	1	MM/DD/YYYY
	01/01/2016	1	01/31/2016

DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Oil Water Separator Effluent

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	NODI C	NODI C		*****	****	****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	METER
рН	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	SU		Once per Discharge	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB

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'	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)381-2802		)2/03/201
TYPED OR PRINTED	information, including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: 52 BEACHAM ST

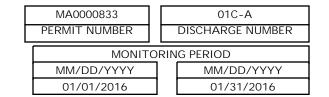
EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.



DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Continuous Treatment System Effluent

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.131	.333	MGD	*****	****	****	*****		Continuous	METER
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	METER
pH	SAMPLE MEASUREMENT	*****	****	*****	6.9	*****	6.9	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	< .7	< .7	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****	****	< 1.49	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Monthly	GRAB
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	****	****	****	****	****	8.59	ug/L		Monthly	GRAB
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	70 DAILY MX	ug/L		Monthly	GRAB
Toluene	SAMPLE MEASUREMENT	****	****	*****	*****	*****	.919	ug/L		Monthly	GRAB
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Benzene	SAMPLE MEASUREMENT	****	****	*****	*****	****	1.17	ug/L		Monthly	GRAB
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Jason Pociask Jason Pociask/ Terminal Superintender person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (617)381-2802 )2/03/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.

 MA0000833
 01C-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 01/01/2016
 01/31/2016

DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Continuous Treatment System Effluent

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Acenaphthylene	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	0	ug/L		Monthly	GRAB
34200 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	5 DAILY MX	ug/L		Monthly	GRAB
Acenaphthene	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	ug/L		Monthly	GRAB
34205 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB
Anthracene	SAMPLE MEASUREMENT	****	****	*****	****	****	0	ug/L		Monthly	GRAB
34220 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	2 DAILY MX	ug/L		Monthly	GRAB
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Monthly	GRAB
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Monthly	GRAB
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	.05 DAILY MX	ug/L		Monthly	GRAB
Benzo[a]pyrene	SAMPLE MEASUREMENT	****	****	*****	****	****	0	ug/L		Monthly	GRAB
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	.05 DAILY MX	ug/L		Monthly	GRAB
Chrysene	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	ug/L		Monthly	GRAB
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.5 DAILY MX	ug/L		Monthly	GRAB

⊢		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Jason Pociask	TELEP	DATE	
J	•	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)381-2802		)2/03/2016
Г	TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: \* EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.

 MA0000833
 01C-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 01/01/2016
 01/31/2016

DMR Mailing ZIP CODE: 02149-5526 MAJOR

(SUBR E)

Continuous Treatment System Effluent

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Ethylbenzene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Monthly	GRAB
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
luoranthene	SAMPLE MEASUREMENT	****	*****	****	*****	****	0	ug/L		Monthly	GRAB
34376 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	****	.5 DAILY MX	ug/L		Monthly	GRAB
luorene	SAMPLE MEASUREMENT	****	****	****	*****	****	0	ug/L		Monthly	GRAB
34381 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	****	.5 DAILY MX	ug/L		Monthly	GRAB
ndeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	****	****	****	*****	****	0	ug/L		Monthly	GRAB
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	****	.1 DAILY MX	ug/L		Monthly	GRAB
Phenanthrene	SAMPLE MEASUREMENT	****	****	****	*****	****	0	ug/L		Monthly	GRAB
34461 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	****	2 DAILY MX	ug/L		Monthly	GRAB
Pyrene	SAMPLE MEASUREMENT	****	****	*****	*****	*****	0	ug/L		Monthly	GRAB
34469 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	****	1 DAILY MX	ug/L		Monthly	GRAB
Benzo[ghi]perylene	SAMPLE MEASUREMENT	*****	****	*****	*****	****	0	ug/L		Monthly	GRAB
34521 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	****	*****	.2 DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Jason Pociask Jason Pociask/ Terminal Superintender person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (617)381-2802 )2/03/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

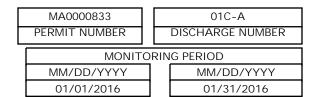
EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.



DMR Mailing ZIP CODE: 02149-5526 MAJOR

(SUBR E)

Continuous Treatment System Effluent

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Benzo[a]anthracene	SAMPLE MEASUREMENT	****	****	****	*****	****	0	ug/L		Monthly	GRAB
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	****	****	****	****	*****	0	ug/L		Monthly	GRAB
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	.1 DAILY MX	ug/L		Monthly	GRAB
Naphthalene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Monthly	GRAB
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	5 DAILY MX	ug/L		Monthly	GRAB
p-Xylene	SAMPLE MEASUREMENT	****	****	****	*****	****	0	ug/L		Monthly	GRAB
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
BTEX	SAMPLE MEASUREMENT	****	****	****	*****	****	2.089	ug/L		Monthly	GRAB
49491 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	100 DAILY MX	ug/L		Monthly	GRAB

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	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete, I am aware that there are significant penalties for submitting false	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)38	1-2802	)2/03/2016
TYPED OR PRINTED	information, including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

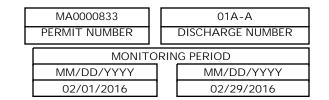
EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.



DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Corrugated Plate Separator Effluent

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.18	1.234	MGD	****	****	****	*****		Continuous	METER
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	****	*****		Continuous	METER
рН	SAMPLE MEASUREMENT	****	****	****	7	****	7	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	****	*****	6.55	6.55	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****	*****	< 1.6	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	15 DAILY MX	mg/L		Monthly	GRAB

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TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.

MA0000833	01B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Oil Water Separator Effluent

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	NODI C	NODI C		*****	****	****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	METER
рН	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	SU		Once per Discharge	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB

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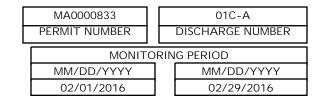
EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.



DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Continuous Treatment System Effluent

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.156	.342	MGD	*****	****	****	*****		Continuous	METER
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	METER
pH	SAMPLE MEASUREMENT	*****	****	*****	7	*****	7	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	1.7	1.7	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	****	****	< 1.53	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5 DAILY MX	mg/L		Monthly	GRAB
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Monthly	GRAB
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	*****	70 DAILY MX	ug/L		Monthly	GRAB
Toluene	SAMPLE MEASUREMENT	****	****	*****	*****	*****	< .33	ug/L		Monthly	GRAB
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Benzene	SAMPLE MEASUREMENT	*****	****	*****	*****	****	< .36	ug/L		Monthly	GRAB
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	GRAB

$\vdash$		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Jason Pociask	TELEP	HONE	DATE
Ja	·	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)38	1-2802	)3/02/2016
Г	TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

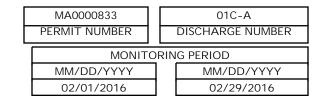
EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.



DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Continuous Treatment System Effluent

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Acenaphthylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	ug/L		Monthly	GRAB
34200 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	GRAB
Acenaphthene	SAMPLE MEASUREMENT	****	****	*****	****	****	0	ug/L		Monthly	GRAB
34205 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	GRAB
Anthracene	SAMPLE MEASUREMENT	****	****	*****	****	****	0	ug/L		Monthly	GRAB
34220 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	2 DAILY MX	ug/L		Monthly	GRAB
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Monthly	GRAB
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.05 DAILY MX	ug/L		Monthly	GRAB
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	ug/L		Monthly	GRAB
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.05 DAILY MX	ug/L		Monthly	GRAB
Benzo[a]pyrene	SAMPLE MEASUREMENT	****	****	****	*****	****	0	ug/L		Monthly	GRAB
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.05 DAILY MX	ug/L		Monthly	GRAB
Chrysene	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	.5 DAILY MX	ug/L		Monthly	GRAB

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	·	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)38	1-2802	)3/02/2016
İ	TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.

 MA0000833
 01C-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 02/01/2016
 02/29/2016

DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Continuous Treatment System Effluent

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
thylbenzene	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	< .37	ug/L		Monthly	GRAB	
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB	
luoranthene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Monthly	GRAB	
34376 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	.5 DAILY MX	ug/L		Monthly	GRAB	
Fluorene	SAMPLE MEASUREMENT	****	****	*****	*****	*****	0	ug/L		Monthly	GRAB	
34381 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	.5 DAILY MX	ug/L		Monthly	GRAB	
ndeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	****	*****	****	*****	*****	0	ug/L		Monthly	GRAB	
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	.1 DAILY MX	ug/L		Monthly	GRAB	
Phenanthrene	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	ug/L		Monthly	GRAB	
34461 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	2 DAILY MX	ug/L		Monthly	GRAB	
Pyrene	SAMPLE MEASUREMENT	*****	****	*****	*****	****	0	ug/L		Monthly	GRAB	
34469 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	1 DAILY MX	ug/L		Monthly	GRAB	
Benzo[ghi]perylene	SAMPLE MEASUREMENT	*****	****	*****	*****	****	0	ug/L		Monthly	GRAB	
34521 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	.2 DAILY MX	ug/L		Monthly	GRAB	

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· ·	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)38	1-2802	)3/02/2010
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.

Γ	MA0000833	Γ	01C-A
	PERMIT NUMBER		DISCHARGE NUMBER
			NIO DEDICO
	MONITO	JK.	ING PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	02/01/2016	]	02/29/2016

DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Continuous Treatment System Effluent

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Benzo[a]anthracene	SAMPLE MEASUREMENT	****	****	****	*****	****	0	ug/L		Monthly	GRAB
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.05 DAILY MX	ug/L		Monthly	GRAB
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	****	*****	****	*****	****	0	ug/L		Monthly	GRAB
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.1 DAILY MX	ug/L		Monthly	GRAB
Naphthalene	SAMPLE MEASUREMENT	****	****	****	*****	****	0	ug/L		Monthly	GRAB
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	GRAB
p-Xylene	SAMPLE MEASUREMENT	****	****	****	****	****	< .6	ug/L		Monthly	GRAB
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
ВТЕХ	SAMPLE MEASUREMENT	****	****	****	*****	****	0	ug/L		Monthly	GRAB
49491 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 DAILY MX	ug/L		Monthly	GRAB

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· ·	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)38	1-2802	)3/02/2016
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

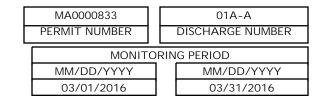
EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.



DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Corrugated Plate Separator Effluent

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.107	1.46	MGD	*****	****	****	*****		Continuous	METER
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	METER
рН	SAMPLE MEASUREMENT	****	****	*****	6.9	****	6.9	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	8.9	8.9	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****	****	< 1.54	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	15 DAILY MX	mg/L		Monthly	GRAB

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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.

MA0000833	01A-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	DRING PERIOD
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	03/31/2016

DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Quarterly Corrugated Plate Separator Efflue

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	****	****	*****	*****	****	22.4	ug/L		Quarterly	GRAB	
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB	
Polynuclear Aromatic Hydrocarbons [PAHs]	SAMPLE MEASUREMENT	****	****	****	*****	****	12.826	ug/L		Quarterly	GRAB	
22456 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	50 DAILY MX	ug/L		Quarterly	GRAB	
Toluene	SAMPLE MEASUREMENT	****	****	*****	****	****	7.2	ug/L		Quarterly	GRAB	
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB	
Benzene	SAMPLE MEASUREMENT	****	****	*****	****	****	8.66	ug/L		Quarterly	GRAB	
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	40 DAILY MX	ug/L		Quarterly	GRAB	
Acenaphthylene	SAMPLE MEASUREMENT	****	****	*****	****	****	6.39	ug/L		Quarterly	GRAB	
34200 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	10 DAILY MX	ug/L		Quarterly	GRAB	
Acenaphthene	SAMPLE MEASUREMENT	****	****	*****	****	****	.559	ug/L		Quarterly	GRAB	
34205 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	10 DAILY MX	ug/L		Quarterly	GRAB	
Anthracene	SAMPLE MEASUREMENT	****	****	*****	*****	*****	1.07	ug/L		Quarterly	GRAB	
34220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB	

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NÄME: ' EXXON MOBIL EVERETT TERMINAL

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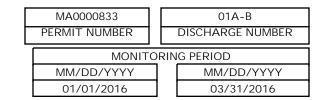
EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.



DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Quarterly Corrugated Plate Separator Efflu $\epsilon$ 

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.0532	ug/L		Quarterly	GRAB
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	10 DAILY MX	ug/L		Quarterly	GRAB
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	****	*****	****	****	0	ug/L		Quarterly	GRAB
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	10 DAILY MX	ug/L		Quarterly	GRAB
Benzo[a]pyrene	SAMPLE MEASUREMENT	****	****	****	*****	****	0	ug/L		Quarterly	GRAB
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	10 DAILY MX	ug/L		Quarterly	GRAB
Chrysene	SAMPLE MEASUREMENT	****	****	****	*****	****	0	ug/L		Quarterly	GRAB
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	10 DAILY MX	ug/L		Quarterly	GRAB
Fluoranthene	SAMPLE MEASUREMENT	*****	****	****	*****	****	.28	ug/L		Quarterly	GRAB
34376 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	10 DAILY MX	ug/L		Quarterly	GRAB
Fluorene	SAMPLE MEASUREMENT	****	****	****	*****	****	2.63	ug/L		Quarterly	GRAB
34381 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	10 DAILY MX	ug/L		Quarterly	GRAB
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	10 DAILY MX	ug/L		Quarterly	GRAB

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Ī	TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

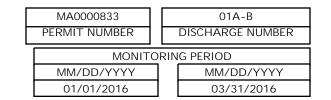
EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.



DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Quarterly Corrugated Plate Separator Efflue

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Phenanthrene	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	1.59	ug/L		Quarterly	GRAB
34461 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Pyrene	SAMPLE MEASUREMENT	*****	****	****	****	****	.254	ug/L		Quarterly	GRAB
34469 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Benzo[ghi]perylene	SAMPLE MEASUREMENT	*****	****	*****	****	****	0	ug/L		Quarterly	GRAB
34521 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Benzo[a]anthracene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Quarterly	GRAB
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	10 DAILY MX	ug/L		Quarterly	GRAB
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	*****	****	*****	****	****	0	ug/L		Quarterly	GRAB
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	10 DAILY MX	ug/L		Quarterly	GRAB
Naphthalene	SAMPLE MEASUREMENT	*****	****	*****	****	****	0	ug/L		Quarterly	GRAB
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
p-Xylene	SAMPLE MEASUREMENT	*****	****	*****	****	****	14.3	ug/L		Quarterly	GRAB
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	****	Req. Mon. DAILY MN	ug/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the **Guy Musto** Guy Musto/Terminal Superintendent person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (617)381-2802 )4/14/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

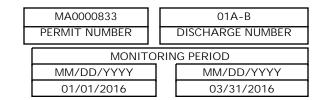
EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.



DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Quarterly Corrugated Plate Separator Efflue

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Ethylbenzene	SAMPLE MEASUREMENT	****	****	****	*****	****	1.71	ug/L		Quarterly	GRAB
37371 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Cyanide, free available	SAMPLE MEASUREMENT	*****	****	****	*****	****	0	ug/L		Quarterly	GRAB
51173 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	****	****	*****	****	0	ug/L		Quarterly	GRAB
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Ethanol	SAMPLE MEASUREMENT	****	****	****	*****	****	1220	ug/L		Quarterly	GRAB
77004 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Guy Musto	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)381-2802		)4/14/2016
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ADDRESS: 52 BEACHAM ST

EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.

Γ	MA0000833		01B-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	03/01/2016	]	03/31/2016

DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Oil Water Separator Effluent

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	NODI C	NODI C		****	****	****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Continuous	METER
рН	SAMPLE MEASUREMENT	****	****	****	*****	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	SU		Once per Discharge	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB

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	person or persons who manage the system, or those persons directly responsible for gathering he information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)381-2802		)4/14/2016
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.

Γ	MA0000833		01C-A				
	PERMIT NUMBER	DISCHARGE NUMBE					
	MONITO	RIN	G PERIOD				
	MM/DD/YYYY	]	MM/DD/YYYY				
	03/01/2016	1	03/31/2016				

DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Continuous Treatment System Effluent

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.16	.374	MGD	*****	****	****	*****		Continuous	METER
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	METER
рН	SAMPLE MEASUREMENT	*****	****	*****	7	*****	7	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	< 1	< 1	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****	****	< 1.49	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	5 DAILY MX	mg/L		Monthly	GRAB
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	0	ug/L		Monthly	GRAB
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	*****	70 DAILY MX	ug/L		Monthly	GRAB
Toluene	SAMPLE MEASUREMENT	****	****	****	*****	****	< .33	ug/L		Monthly	GRAB
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Benzene	SAMPLE MEASUREMENT	*****	****	*****	*****	****	< .36	ug/L		Monthly	GRAB
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	GRAB

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		person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)381	1-2802	)4/14/2016
į	TYPED OR PRINTED	and match, relating the possibility of the site imprisonment for knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Analytical test results for Benzo[b]fluoranthene, Benzo[k]fluoranthene, Benzo[a]pyrene, and Benzo[a]anthracene received on March 21, 2016 yielded results of 0.187 ug/L, 0.0513 ug/L, 0.155 ug/L, and 0.19 ug/L, respectively. A retest of the original sample (beyond the method hold time limit) indicated results of <0.0190 ug/L, <0.0190 ug/L, <0.0190 ug/L, and <0.0190 ug/L, and <0.0196 ug/L, A third grab samples taken on March 21, 2016 indicated results of <0.0196 ug/L, <0.0196 ug/L, and <0.0196 ug/L, A third grab samples taken on March 31, 2016 indicated

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.

 MA0000833
 01C-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 03/01/2016
 03/31/2016

DMR Mailing ZIP CODE: 02149-5526 MAJOR

(SUBR E)

Continuous Treatment System Effluent

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Acenaphthylene	SAMPLE MEASUREMENT	****	****	*****	****	****	0	ug/L		Twice per Month	GRAB
34200 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB
Acenaphthene	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	ug/L		Twice per Month	GRAB
34205 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	GRAB
Anthracene	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	ug/L		Twice per Month	GRAB
34220 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	2 DAILY MX	ug/L		Monthly	GRAB
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	ug/L		Twice per Month	GRAB
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.05 DAILY MX	ug/L		Monthly	GRAB
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	ug/L		Twice per Month	GRAB
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.05 DAILY MX	ug/L		Monthly	GRAB
Benzo[a]pyrene	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	ug/L		Twice per Month	GRAB
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.05 DAILY MX	ug/L		Monthly	GRAB
Chrysene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Twice per Month	GRAB
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.5 DAILY MX	ug/L		Monthly	GRAB

Guy Musto/ Terminal Superintendent person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

TYPED OR PRINTED

TYPED OR PRINTED

TYPED OR PRINTED

(617)381-2802

14/14/201

AREA Code NUMBER MM/DD/YYYY

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Analytical test results for Benzo[b]fluoranthene, Benzo[k]fluoranthene, Benzo[a]pyrene, and Benzo[a]anthracene received on March 21, 2016 yielded results of 0.187 ug/L, 0.0513 ug/L, 0.155 ug/L, and 0.19 ug/L, respectively. A retest of the original sample (beyond the method hold time limit) indicated results of <0.0190 ug/L, <0.0190 ug/L, <0.0190 ug/L, and <0.0190 ug/L, and <0.0196 ug/L, <0.0196 ug/L, A third grab samples taken on March 21, 2016 indicated results of <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, <0.0196

**Guy Musto** 

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

**TELEPHONE** 

DATE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: \* EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.

Γ	MA0000833		01C-A
	PERMIT NUMBER		DISCHARGE NUMBER
			0.050100
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	03/01/2016	]	03/31/2016

DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Continuous Treatment System Effluent

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Ethylbenzene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< .37	ug/L		Monthly	GRAB
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Fluoranthene	SAMPLE MEASUREMENT	****	*****	****	*****	****	0	ug/L		Twice per Month	GRAB
34376 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	.5 DAILY MX	ug/L		Monthly	GRAB
Fluorene	SAMPLE MEASUREMENT	****	*****	*****	*****	****	0	ug/L		Twice per Month	GRAB
34381 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	.5 DAILY MX	ug/L		Monthly	GRAB
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	****	*****	****	*****	****	0	ug/L		Twice per Month	GRAB
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	.1 DAILY MX	ug/L		Monthly	GRAB
Phenanthrene	SAMPLE MEASUREMENT	****	*****	*****	*****	****	0	ug/L		Twice per Month	GRAB
34461 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	2 DAILY MX	ug/L		Monthly	GRAB
Pyrene	SAMPLE MEASUREMENT	****	*****	*****	*****	****	0	ug/L		Twice per Month	GRAB
34469 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	1 DAILY MX	ug/L		Monthly	GRAB
Benzo[ghi]perylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	ug/L		Twice per Month	GRAB
34521 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	.2 DAILY MX	ug/L		Monthly	GRAB

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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**Guy Musto** 

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

**AUTHORIZED AGENT** 

certify under penalty of law that this document and all attachments were prepared under my

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Guy Musto/Terminal Superintendent

TYPED OR PRINTED

NUMBER

**TELEPHONE** 

(617)381-2802

AREA Code

DATE

)4/14/201

MM/DD/YYYY

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	PERMIT NUMBER		DISCHARGE NUMBER
_	MONITO	DRIN	IG PERIOD
	MM/DD/YYYY	1	MM/DD/YYYY
	03/01/2016	1	03/31/2016

DMR Mailing ZIP CODE: 02149-5526 MAJOR

(SUBR E)

Continuous Treatment System Effluent

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Benzo[a]anthracene	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	ug/L		Twice per Month	GRAB
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Twice per Month	GRAB
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.1 DAILY MX	ug/L		Monthly	GRAB
Naphthalene	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	ug/L		Twice per Month	GRAB
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	GRAB
p-Xylene	SAMPLE MEASUREMENT	****	****	****	****	****	< .6	ug/L		Monthly	GRAB
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
ВТЕХ	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Monthly	GRAB
49491 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	100 DAILY MX	ug/L		Monthly	GRAB

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	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)381-2802		)4/14/2016
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

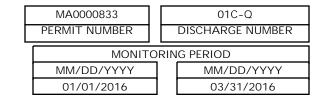
EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.



DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Quarterly Sampling For Continuous Treatm

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION				SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	< .0005	mg/L		Quarterly	GRAB
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Chromium, total [as Cr]	SAMPLE MEASUREMENT	****	****	*****	****	****	< .002	mg/L		Quarterly	GRAB
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****	*****	****	.002	mg/L		Quarterly	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	****	****	****	< .0005	mg/L		Quarterly	GRAB
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Nickel, total [as Ni]	SAMPLE MEASUREMENT	****	****	****	****	****	< .002	mg/L		Quarterly	GRAB
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	****	*****	****	.039	mg/L		Quarterly	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	< .02	mg/L		Quarterly	GRAB
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnell properly gather and evaluate the information submitted. Based on my inquiry of the	(311V M1STO	TELEP	HONE	DATE
Guy Musto/ Termina	 person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)38	1-2802	)4/14/2016
TYPED OR F	and materia, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: \* EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

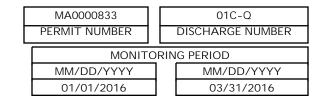
EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.



DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Quarterly Sampling For Continuous Treatm

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Cyanide, free available	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
51173 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	GRAB
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB

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TYPED OR PRINTED	amorniador, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: 52 BEACHAM ST

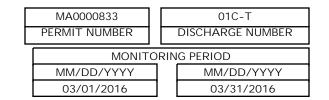
EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.



DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Twice A Year Sampling for Continuous Trea

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total	SAMPLE MEASUREMENT	****	****	*****	*****	****	810	mg/L		Twice per Year	GRAB
00500 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice per Year	GRAB
Ammonia nitrogen, total, [as N] 30 day	SAMPLE MEASUREMENT	*****	*****	****	*****	****	< .1	mg/L		Twice per Year	GRAB
00609 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice per Year	GRAB
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	*****	****	****	*****	****	6	mg/L		Twice per Year	GRAB
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice per Year	GRAB
LC50 Static 48Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	****	****	****	> 100	****	****	%		Twice per Year	GRAB
TAA3E 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	50 DAILY MN	*****	*****	%		Twice per Year	GRAB

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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: 52 BEACHAM ST

EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.

MA0000833 01A-A

PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY MM/DD/YYYY

04/01/2016 04/30/2016

DMR Mailing ZIP CODE: 02149-5526 MAJOR

(SUBR E)

Corrugated Plate Separator Effluent

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.136	1.449	MGD	****	****	****	*****		Continuous	METER
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	****	*****		Continuous	METER
pH	SAMPLE MEASUREMENT	*****	*****	****	7.2	****	7.2	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	****	*****	4.7	4.7	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 1.51	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	15 DAILY MX	mg/L		Monthly	GRAB

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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: 52 BEACHAM ST

EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.

MA0000833		01B-A
PERMIT NUMBER		DISCHARGE NUMBER
	_	
MONITO	<u> </u>	IG PERIOD
MM/DD/YYYY	]	MM/DD/YYYY
04/01/2016	1	04/30/2016

DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Oil Water Separator Effluent

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	****	****	*****		Continuous	METER
рН	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	SU		Once per Discharge	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)381-2802		)5/13/201
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ADDRESS: 52 BEACHAM ST

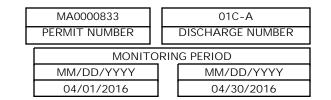
EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.



DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Continuous Treatment System Effluent

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT	.163	.377	MGD	*****	****	****	*****		Continuous	METER
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	METER
pH	SAMPLE MEASUREMENT	****	****	*****	7.1	*****	7.1	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	< .7	< .7	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****	****	< 1.51	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5 DAILY MX	mg/L		Monthly	GRAB
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Monthly	GRAB
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	70 DAILY MX	ug/L		Monthly	GRAB
Toluene	SAMPLE MEASUREMENT	****	****	*****	*****	*****	< .33	ug/L		Monthly	GRAB
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Benzene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< .36	ug/L		Monthly	GRAB
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EX		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that quarter personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	[-IIV MISTO	TELEP	DATE
Guy Musto/ Terminal S			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)38	)5/13/2016
TYPED OR PRI			AUTHORIZED AGENT	AREA Code	NUMBER

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' EXXON MOBIL EVERETT TERMINAL

ADDRESS: 52 BEACHAM ST

EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.

MA0000833	01C-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONIT	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
04/01/2016	04/30/2016								

DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Continuous Treatment System Effluent

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Acenaphthylene	SAMPLE MEASUREMENT	****	*****	*****	****	*****	0	ug/L		Monthly	GRAB
34200 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	5 DAILY MX	ug/L		Monthly	GRAB
Acenaphthene	SAMPLE MEASUREMENT	****	****	****	*****	****	0	ug/L		Monthly	GRAB
34205 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	5 DAILY MX	ug/L		Monthly	GRAB
Anthracene	SAMPLE MEASUREMENT	****	****	*****	****	****	0	ug/L		Monthly	GRAB
34220 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	2 DAILY MX	ug/L		Monthly	GRAB
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	****	****	****	*****	****	0	ug/L		Monthly	GRAB
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	.05 DAILY MX	ug/L		Monthly	GRAB
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	ug/L		Monthly	GRAB
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	.05 DAILY MX	ug/L		Monthly	GRAB
Benzo[a]pyrene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Monthly	GRAB
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	.05 DAILY MX	ug/L		Monthly	GRAB
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	0	ug/L		Monthly	GRAB
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	.5 DAILY MX	ug/L		Monthly	GRAB

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Guy Musto/ Term			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)38	1-2802	)5/13/2016
TYPED C	OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: 52 BEACHAM ST

EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

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EVERETT, MA 02149

ATTN: Terminal Supt.

Γ	MA0000833	Г	01C-A						
	PERMIT NUMBER		DISCHARGE NUMBER						
	MONITORING PERIOD								
	MM/DD/YYYY	]	MM/DD/YYYY						
	04/01/2016	1	04/30/2016						

DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Continuous Treatment System Effluent

External Outfall

No Discharge

	QUANTITY OR LOADI				NG QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Ethylbenzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .37	ug/L		Monthly	GRAB
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Fluoranthene	SAMPLE MEASUREMENT	****	****	*****	****	****	0	ug/L		Monthly	GRAB
34376 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.5 DAILY MX	ug/L		Monthly	GRAB
Fluorene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Monthly	GRAB
34381 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.5 DAILY MX	ug/L		Monthly	GRAB
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Monthly	GRAB
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	.1 DAILY MX	ug/L		Monthly	GRAB
Phenanthrene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Monthly	GRAB
34461 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	2 DAILY MX	ug/L		Monthly	GRAB
Pyrene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Monthly	GRAB
34469 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	1 DAILY MX	ug/L		Monthly	GRAB
Benzo[ghi]perylene	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34521 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 DAILY MX	ug/L		Monthly	GRAB

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EVERETT, MA 02149

FACILITY: EXXONMOBIL EVERETT TERMINAL

LOCATION: 52 BEACHAM ST

EVERETT, MA 02149

ATTN: Terminal Supt.

MA0000833	01C-A								
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MONIT	MONITORING PERIOD								
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04/01/2016	04/30/2016								

DMR Mailing ZIP CODE: 02149-5526

MAJOR (SUBR E)

Continuous Treatment System Effluent

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Benzo[a]anthracene	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Monthly	GRAB
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	.05 DAILY MX	ug/L		Monthly	GRAB
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	****	****	****	*****	****	0	ug/L		Monthly	GRAB
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	.1 DAILY MX	ug/L		Monthly	GRAB
Naphthalene	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	ug/L		Monthly	GRAB
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	5 DAILY MX	ug/L		Monthly	GRAB
p-Xylene	SAMPLE MEASUREMENT	****	****	****	****	****	< .6	ug/L		Monthly	GRAB
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
BTEX	SAMPLE MEASUREMENT	****	****	****	****	****	0	ug/L		Monthly	GRAB
49491 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	100 DAILY MX	ug/L		Monthly	GRAB

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